



## INSTRUCTIONS:

### APPLICATION FOR APPROVAL TO PRACTICE IN ALABAMA AS CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) OR CLINICAL NURSE SPECIALIST (CNS)

- Licensure as a Registered Nurse in Alabama is required for approval to practice as an advanced practice nurse and for subsequent renewal of APN approval.
- The requirements for Advanced Practice Nursing as CRNA and CNS are posted: [www.abn.alabama.gov](http://www.abn.alabama.gov) > Nurse Practice Act > Article 5 Advanced Practice Nursing, and > Alabama Board of Nursing Administrative Code > Chapter 610-X-9 Advanced Practice Nursing, and Chapter 610-X-2-.05 Definitions, Advanced Practice Nursing.

#### Educational and Certification Requirements for Advanced Practice Nursing

SPECIALTY	EDUCATION: Official transcript from school	CERTIFICATION: Copy or Fax
CRNA	Graduate of school of anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools or its predecessor, the American Association of Nurse Anesthetists.	Council on Certification of Nurse Anesthetists Council on Recertification of Nurse Anesthetists
CNS	Master's or higher degree in nursing from an accredited educational institution in a curriculum designed to prepare clinical nurse specialists.	Certification as a Clinical Nurse Specialist from a national certifying body recognized by the Alabama Board of Nursing: American Nurses Credentialing Center, American Association of Critical-Care Nurses Certification Corporation, Oncology Nursing Certification Council (A-OCN).

- APPLICATION FEES are not refundable.** The applicant may pay by personal check printed with the applicant's name and Alabama address on an account with an **in-state Alabama bank**. Business checks are accepted. Personal checks from a third party are not accepted. Refer to Alabama Administrative Code Chapter 610-X-4-.13 for restrictions on forms of payment.
- Fee = \$150.00 for INITIAL APPROVAL FOR ADVANCED PRACTICE NURSING AS A CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) OR CLINICAL NURSE SPECIALIST (CNS). Illegible or incomplete applications and the attached fee(s) will be returned to the CRNA/CNS applicant.
- Request the academic institution(s) that granted your degree and/or certificate to send an official transcript to the Alabama Board of Nursing. Transcripts must be received in a sealed envelope from the institution that granted your degree/certificate. MSN with nursing post-master's certificate requires transcript for both programs.
- Request the national certifying agency to send the Alabama Board of Nursing verification of your specialty certification with starting and expiration dates. Continued certification is required to maintain approval for advanced practice nursing. It is the applicant's responsibility to have the certifying agency send official verification of **recertification** before the expiration date of the information on file with the Alabama Board of Nursing.
- Applications are processed based on "first in, first out." Allow at least two weeks for a response to your application. If you want verification of delivery to the Alabama Board of Nursing, please request this service from the US Postal Service or letter delivery service (FedEx, DHL, etc.) before you mail the application. The volume of incoming mail makes it impractical to respond to phone calls for immediate confirmation of mail delivery. Keep a copy of the signed application for your records. The Board of Nursing charges a fee for copies of documents on file.

Send the signed original application, fee and supporting documents to: Alabama Board of Nursing P. O. BOX 303900 Montgomery AL 36130-3900	Express Delivery should be addressed to: Alabama Board of Nursing 770 Washington Ave, Suite 250 Montgomery AL 36104-3816
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- Notice of Approval for Advanced Practice Nursing as a CRNA or CNS will be mailed to **your current address on file** at the Alabama Board of Nursing. **Mail from the Alabama Board of Nursing is not forwarded by the US Postal Service.** If the letter cannot be delivered as addressed, it is returned to the Board of Nursing. The Board charges a fee of \$25.00 to re-mail a document that was returned because it could not be delivered as addressed.
- You may update your mailing address and record name changes on the ABN website [www.abn.alabama.gov](http://www.abn.alabama.gov) > On-Line Services. For name changes, submit a copy of the court order, marriage license or divorce decree authorizing the change in your name.
- Provisional approval for Advanced Practice Nursing as a Graduate RN Anesthetist:**  
The **CRNA applicant** who has met all requirements for the first examination for national certification may request Provisional approval. There is no additional fee. Provide the name and license number of the supervising CRNA or anesthesiologist. Notice of Provisional Approval will be mailed to the CRNA applicant. Provisional approval is limited to one year, expires with the results of the first examination attempt, and cannot be renewed. Request the certifying agency to notify the Alabama Board of Nursing of your official eligibility to take the examination.  
**Provisional approval is not available for the Clinical Nurse Specialist.**
- Temporary approval for Advanced Practice Nursing pending license as an RN in Alabama:** A temporary permit or Active Alabama RN license is required prior to approval for Advanced Practice Nursing. The fee for Temporary RN Permit is paid with the initial RN license application. The Advanced Practice Nursing applicant for **RN License by Endorsement from Another State** may apply for approval of Advanced Practice Nursing during the period of the TEMPORARY RN PERMIT.



## Alabama Board of Nursing

### Initial Approval for Advanced Practice Nursing

Check (✓) the specialty for this application.

☐ CRNA \$150

☐ CNS \$150

Date Received



Mailing address:  
P. O. BOX 303900  
Montgomery AL 36130-3900

Physical address:  
770 Washington Ave, Suite 250  
Montgomery AL 36104-3816

PHONE: 334-242-4060 TOLL FREE: 1-800-656-5318

For more information, refer to our website at [www.abn.alabama.gov](http://www.abn.alabama.gov)

Date Approved

Send the signed original application, fee and supporting documents

LEGAL NAME \_\_\_\_\_  
Last First Middle Maiden

LIST ANY PREVIOUSLY USED NAMES / ALIASES \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ ALABAMA RN LICENSE NUMBER \_\_\_\_\_

PERMANENT STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

#### EDUCATION FOR ADVANCED PRACTICE NURSING:

SCHOOL/COLLEGE (Name, City, State) \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_ (month, year) DEGREE / DIPLOMA \_\_\_\_\_

#### CERTIFICATION FOR ADVANCED PRACTICE NURSING:

ORGANIZATION:	SPECIALTY	DATE CERTIFICATION STARTED & EXPIRES

I request PROVISIONAL APPROVAL as a NURSE ANESTHETIST <b>pending results of my first attempt on certification examination</b> of the Certification Council for Nurse Anesthetists: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF EXAMINATION
Name and license number of (a) supervising CRNA or (b) supervising physician:		
Employer and Clinical Agency for provisional practice:		

#### YOUR SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION!

##### AFFIDAVIT FOR AFFIRMATION OF ELIGIBILITY FOR ADVANCED PRACTICE NURSING

I affirm that the information recorded on this application concerning any item contained herein is true and correct. I understand that I may be required to submit documentation to support my affirmation. I further understand that any false statement is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes cause for disciplinary action.

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(Signature of Applicant)

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(Date)